Gemeinsamer Bundesausschuss

# Justification

on the resolution of the Federal Joint Committee on an amendment to the Pharmaceuticals Directive:
Annex XII – Benefit Assessment of Medicinal Products with New Active Ingredients according to Section 35a SGB V
Obeticholic acid (repeal of the resolutions of 6 July 2017 and 16 February 2023)

of 3 April 2025

**Contents**

## 1. Legal basis

According to Section 35a paragraph 1 German Social Code, Book Five (SGB V), the Federal Joint Committee (G-BA) assesses the benefit of all reimbursable medicinal products with new active ingredients.

For medicinal products for the treatment of rare diseases (orphan drugs) that are approved according to Regulation (EC) No. 141/2000 of the European Parliament and the Council of 16 December 1999, the additional medical benefit is considered to be proven through the grant of the marketing authorisation according to Section 35a, paragraph 1, sentence 11, 1st half of the sentence SGB V, the additional medical benefit is considered to be proven through the grant of the marketing authorisation. Evidence of the medical benefit and the additional medical benefit in relation to the appropriate comparator therapy do not have to be submitted (Section 35a, paragraph 1, sentence 11, 2nd half of the sentence SGB V). Section 35a, paragraph 1, sentence 11, 1st half of the sentence SGB V thus guarantees an additional benefit for an approved orphan drug, although an assessment of the orphan drug in accordance with the principles laid down in Section 35a, paragraph 1, sentence 3, No. 2 and 3 SGB V in conjunction with Chapter 5 Sections 5 et seq. of the Rules of Procedure (VerfO) of the G-BA has not been carried out. In accordance with Section 5, paragraph 8 AM-NutzenV, only the extent of the additional benefit is to be quantified indicating the significance of the evidence.

However, the restrictions on the benefit assessment of orphan drugs resulting from the statutory obligation to the marketing authorisation do not apply if the turnover of the medicinal product with the SHI at pharmacy sales prices and outside the scope of SHI-accredited medical care, including VAT exceeds € 30 million in the last 12 calendar months. According to Section 35a paragraph 1, sentence 12 SGB V, the pharmaceutical company must then, within three months of being requested to do so by the G-BA, submit evidence according to Chapter 5, Section 5, subsection 1–6 VerfO, in particular regarding the additional medical benefit in relation to the appropriate comparator therapy as defined by the G-BA according to Chapter 5 Section 6 VerfO and prove the additional benefit in comparison with the appropriate comparator therapy.

In accordance with Section 35a, paragraph 2 SGB V, the G-BA decides whether to carry out the benefit assessment itself or to commission the Institute for Quality and Efficiency in Health Care (IQWiG). Based on the legal requirement in Section 35a, paragraph 1, sentence 11 SGB V that the additional benefit of an orphan drug is considered to be proven through the grant of the marketing authorisation the G-BA modified the procedure for the benefit assessment of orphan drugs at their session on 15 March 2012 to the effect that, for orphan drugs, the G-BA initially no longer independently determines an appropriate comparator therapy as the basis for the solely legally permissible assessment of the extent of an additional benefit to be assumed by law. Rather, the extent of the additional benefit is assessed exclusively on the basis of the approval studies by the G-BA indicating the significance of the evidence.

Accordingly, at their session on 15 March 2012, the G-BA amended the mandate issued to the IQWiG by the resolution of 1 August 2011 for the benefit assessment of medicinal products with new active ingredients in accordance with Section 35a, paragraph 2 SGB V to that effect that, in the case of orphan drugs, the IQWiG is only commissioned to carry out a benefit assessment in the case of a previously defined comparator therapy when the sales volume of the medicinal product concerned has exceeded the turnover threshold according to Section 35a, paragraph 1, sentence 12 SGB V and is therefore subject to an unrestricted benefit assessment. According to Section 35a, paragraph 2 SGB V, the assessment by the G-BA must be completed within three months of the relevant date for submission of the evidence and published on the internet.

According to Section 35a paragraph 3 SGB V, the G-BA decides on the benefit assessment within three months of its publication. The resolution is to be published on the internet and is part of the Pharmaceuticals Directive.

## 2. Key points of the resolution

The active ingredient obeticholic acid was approved on 12 December 2016 for the first time as a medicinal product for the treatment of a rare disease under Regulation (EC) No 141/2000 of the European Parliament and the Council of 16 December 1999 (invented name: Ocaliva).

Conditional marketing authorisation was granted for the therapeutic indication: "Ocaliva is indicated for the treatment of primary biliary cholangitis (PBC) in combination with ursodeoxycholic acid (UDCA) in adults with an inadequate response to UDCA or as monotherapy in adults unable to tolerate UDCA".

After the active ingredient obeticholic acid was placed on the market for the first time on 15 January 2017 with the present therapeutic indication, the G-BA conducted a benefit assessment according to Section 35a SGB V and supplemented Annex XII of the Pharmaceuticals Directive with the active ingredient obeticholic acid by resolution of 6 July 2017. By resolution of 16 February 2023, the period of validity of the resolution was also adjusted (repeal of the limitation).

The marketing authorisation for placing on the market of Ocaliva was repealed by the European Commission implementing decision of 30 August 2024 with effect from 5 September 2024. The main reason for this was the results of 747-302 study which was commissioned as part of the conditional marketing authorisation to confirm the clinical benefit and safety of Ocaliva. The study did not demonstrate that Ocaliva was more effective than placebo in terms of the number of patients whose disease deteriorated or who died. In addition, supporting studies and data from practice were not sufficient to confirm the benefit over the negative results of the 747-302 study, thus the benefit of Ocaliva not outweighing its risks.

With this repeal of the marketing authorisation, the basis for the benefit assessment according to Section 35a paragraph 1 SGB V by the G-BA no longer applies. Consequently, the findings on the benefit assessment of obeticholic acid according to Section 35a paragraph 1 SGB V (therapeutic indication: primary biliary cholangitis) in Annex XII of the Pharmaceuticals Directive in the version of the resolutions of 6 July 2017 (BAnz AT 01.08.2017 B4) and 16 February 2023 (BAnz AT 09.03.2023 B5) are to be repealed.

## 3. Bureaucratic costs calculation

The proposed resolution does not create any new or amended information obligations for care providers within the meaning of Annex II to Chapter 1 VerfO and, accordingly, no bureaucratic costs.

## 4. Process sequence

| Session | Date | Subject of consultation |
|---|---|---|
| Working group Section 35a | 5 March 2025 | Consultation of the draft resolution |
| Subcommittee on Medicinal Products | 25 March 2025 | Consultation and consensus on the draft resolution on the repeal of the resolutions |
| Plenum | 3 April 2025 | Adoption of resolution on the repeal of the resolutions and the amendment of the Pharmaceuticals Directive |

Berlin, 3 April 2025

Federal Joint Committee (G-BA)
in accordance with Section 91 SGB V
The Chair

Prof. Hecken